Message Text

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12
ACTION PER-05

INFO OCT-01 EA-11 NEA-10 MED-03 A-01 EUR-25 ABF-01 ISO-00

AID-20 USIA-15 SS-20 /112 W
---------- 095728
R 050430Z APR 74
FM AMEMBASSY ISLAMABAD
TO SECSTATE WASHDC 4097
INFO AMEMBASSY BANGKOK
AMEMBASSY MANILA
AMEMBASSY SAIGON
DOD WASHDC

C O N F I D E N T I A L SECTION 1 OF 2 ISLAMABAD 3271

STATE FOR DEAN BROWN AND DR. NYDELL

MANILA FOR AMBASSADOR SULLIVAN

SAIGON FOR AMBASSADOR MARTIN

BANGKOK FOR AMBASSADOR KINTNER

DOD FOR ISA

E.O. 11652: GDS
TAGS: AMED, PK
SUBJ: MEDICAL FACILITIES IN PAKISTAN

1. I HAVE BECOME SERIOUSLY CONCERNED ABOUT THE STATE OF MEDICAL FACILITIES FOR OUR STAFF AND FAMILIES IN PAKISTAN, AND PARTICULARLY IN THE ISLAMABAD AREA WHERE MOST OF OUR PEOPLE LIVE. WHILE FACILITIES WERE NEVER WHAT COULD BE CALLED GOOD IN THIS AREA, MATTERS TOOK A SERIOUS TURN ABOUT THE TIME OF MY ARRIVAL LAST FALL WHEN PAKISTAN AUTHORITIES, THROUGH A SERIES OF MOVES, MANAGED TO RID THEIR MEDICAL INSTITUTIONS IN RAWALPINDI AND LAHORE OF FOREIGN PERSONNEL. PRIOR TO THAT TIME THE HOLY FAMILY HOSPITAL IN RAWALPINDI
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HAD BEEN LOOKED UPON AS ADEQUATE. IT CANNOT BE SO

REGARDED TODAY.

2. THE PROBLEM IS NOT SO MUCH THE LACK OF SKILLED DOCTORS AND SURGEONS, AS THERE ARE SOME GOOD ONES, OFTEN WESTERN TRAINED, WHOSE SERVICES CAN USUALLY BE OBTAINED. IT IS RATHER A MATTER OF GENERAL LACK OF ORDINARY HOSPITAL MANAGEMENT, EQUIPMENT AND NURSING CARE THAT PRESENTS THE GREATEST HAZZARD. LOCAL HOSPITALS HAVE DEGENERATED TO THE EXTENT THAT THERE SEEMS NO LONGER ADEQUATE EFFORT IN ORDINARY SANITARY PROCEDURES AND THE PATIENT IS LEFT WITH LITTLE ATTENTION OR NURSING CARE, USUALLY UNDER VERY CROWDED CONDITIONS. AS OF TODAY IT IS QUITE POSSIBLE, FOR INSTANCE, TO HAVE GOOD SURGERY WITH THE PATIENT DYING THEREAFTER MERELY FOR WANT OF WHAT WE HAVE BEEN ACCUSTOMED TO THINK OF AS SANITATION AND ORDINARY HOSPITAL CARE.

3. I FIND THERE HAS BEEN CONSIDERABLE DISCUSSION ON THIS GENERAL SUBJECT BETWEEN OUR EMBASSY AND THE EMBASSIES OF THE BRITISH, CANADIANS AND AUSTRALIANS, AND THEIR AMBASSADORS HAVE NOW STARTED TALKING TO ME PERSONALLY ABOUT THE PROBLEM. APPARENTLY THERE WAS AN AGREEMENT REACHED SOMETIME AGO BETWEEN THESE MISSIONS THAT WE WOULD ALL CONTACT OUR HOME OFFICES TO SEE WHAT FINANCIAL OR OTHER ASSISTANCE MIGHT BE PROVIDED IN ORDER TO OBTAIN MORE DEPENDABLE MEDICAL FACILITIES. THE CANADIANS AND AUSTRALIANS HAVE HAD RESPONSES THAT THEIR GOVERNMENTS WOULD BE WILLING TO CONTRIBUTE FINANCIALLY TO SOME POOLED ARRANGEMENT BETWEEN OUR EMBASSIES. ACCORDING TO OUR LATEST INFORMATION THE BRITISH HAVE YET TO RECEIVE AN ANSWER. I FIND THAT OUR DR. MILTON HERE RECEIVED A SYMPATHETIC REPLY FROM DR. NYDELL, WHO INDICATED THAT THE MEDICAL DIVISION WAS WITHOUT FUNDS FOR SUCH A PROJCECT, WHICH I WOULD WELL ASSUME TO BE THE CASE.

4. APPARENTLY THERE IS GENERAL AGREEMENT AMONG ALL CONCERNED HERE THAT IT WOULD BE IMPOLITIC TO ATTEMPT TO SET UP AN ACTUAL HOSPITAL EVEN IF SMALL AND IF WE COULD GET THE FUNDS AND EQUIPMENT. WE CAN SEE CONFIDENTIAL

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GETTING AWAY WITH SOMETHING WE MIGHT CALL A NURSING HOME, DEPENDING UPON CONTINUED EVACUATION FOR OUR MOST SERIOUS CASES, AND PAKISTANI DOCTORS IN MEDIUM SERIOUS (PARTICULARLY SURGERY) CASES, OR EMERGENCIES OF A TYPE WHICH WOULD REQUIRE FACILITIES BEYOND OUR HOPED FOR EXPANDED FACILITIES.

5. WHAT WE WOULD VISUALIZE WOULD BE THE LEASE OF AN

ORDINARY RESIDENTIAL HOUSE, WHICH ARE AVAILABLE HERE AND ARE OFTEN USED FOR OFFICE SPACE BY SMALL EMBASSIES, INTERNATIONAL ORGANIZATIONS, ETC. ONE COULD BE FOUND WHICH WOULD GIVE US ADEQUATE SPACE FOR SAY EIGHT OR TEN BEDS PLUS MEDICAL SPACE. DR. NYDELL IS PROBABLY FAMILIAR WITH THE HOUSE CONVERSION UNIT WE SET UP IN RANGOON, BUT A HOUSE COULD BE FOUND HERE THAT WOULD BE CONSIDERABLY LARGER. WE WOULD NEED KITCHEN FACILITIES, WHICH WOULD TO SOME EXTENT BE ALREADY AVAILABLE IN A RENTED HOUSE, A COOK, DHOBI FACILITIES, SMALL LOCAL SERVANT STAFF, ETC.

6. DR. MILTON HAS SPENT MUCH TIME STUDYING VARIOUS ALTERNATIVE ARRANGEMENTS. HE CONSIDERS THE ABOVE FEASIBLE, AND THINKS HE COULD RECRUIT THE SUPPORTING NURSING STAFF LOCALLY, PARTIALLY AMONG QUALIFIED FOREIGN DEPENDENTS. PERHAPS SOME COULD BE LOCAL, BUT, UNLIKE IN THE PHILIPPINES, NURSING IS LOOKED UPON HERE AS LOW CASTE EMPLOYMENT AND MOST ARE NO BETTER THAN UNEDUCATED PEASANT GIRLS WHO HAVE LITTLE FORMAL NURSING EDUCATIONS, AND OFTEN REFUSE TO DO UNPLEASANT TASKS.

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7. ALL OF THE ABOVE COULD BE MANAGED LOCALLY, EXCEPT OF COURSE FOR FUNDS. JUST HOW MUCH OTHERS COULD

CONTRIBUTE WE DO NOT KNOW AND PROBABLY CAN'T REALLY FIND OUT UNTIL THEY COULD REPORT TO THEIR HOME OFFICES IN MORE DETAIL AS TO JUST WHAT THEY WOULD BE SUPPORTING. ON OUR SIDE IT WOULD APPEAR THAT SOMETHING SHOULD BE ABLE TO BE WORKED OUT ON A SHARED BASIS. THERE IS A SIZEABLE AID STAFF HERE, AND USIS, AS WELL AS MILITARY - AND ALL OT THESE OFFICERS FULLY SHARE MY OWN CONCERN FOR THEIR FAMILIES.

8. WE WOULD STILL, HOWEVER, BE FACED WITH THE PROBLEM OF EQUIPMENT. THE REQUIRED ITEMIZED LIST WOULD OF COURSE HAVE TO BE WORKED OUT BY THE MEDICAL PROFESSION. AS A LAYMAN, I WOULD HOPE IT COULD BE SOPHISTICATED ENOUGH TO HAVE A FAR BETTER LABORATORY THAN WE HAVE NOW - AND AN X-RAY MACHINE, AS PRESENT ARRANGEMENTS ARE SLOW AND OFTEN UNSATISFACTORY. WE WOULD NEED BEDS AND THE WHOLE VARIETY OF ORDINARY HOSPITAL FACILITIES, SOME OF COURSE IN AN EXPENDABLE CATEGORY, THAT ARE NECESSARY FOR CARE OF SERIOUS PATIENTS CONFINED TO BED. WE WOULD WANT TO BE ABLE TO HANDLE BONE FRACTURES AND MATERNITY CASES, SOME OF WHICH EVEN NOW ARE A PROBLEM, AND BE FIVEN THIS SPECIFIC CONFIDENTIAL

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AUTHORITY ALONG LINES WORKED OUT FOR KABUL MANY YEARS AGO.

8. I REALIZE THAT THE EQUIPMENT REQUIREMENTS CAN BE COSTLY. MY THOUGHTS TURN TO THE POSSIBILITY OF EXCESS MILITARY SUPPLIES AS FORCES OVERSEAS ARE REDUCED. WE WOULD GUESS THAT SUPPLY FROM VIETNAM HAS DRIED UP, BUT DON'T KNOW THAT FOR SURE. WE WONDER ABOUT THE MILITARY HOSPITAL IN BANGKOK WHICH WE HEAR IS REDUCING REPIDLY. ALSO I CAN'T BUT THINK OF CLARK FIELD IN THE PHILIPPINES, WHICH I BELIEVE RECEIVED SOME EXCESS FROM VIETNAM, AND PERHAPS IS ALSO FACING A REDUCTION IN CLIENTELE.

9. IF WASHINGTON SEES ANY POSSIBILITIES ALONG THESE LINES, WE WOULD TRY TO FINANCE LOCALLY TRAVEL OF OUR DOCTOR, AND PERHAPS A MILITARY SUPPLY OFFICER, FROM HERE TO GO TO ANY OF THESE PLACES AND WORK OUT DETAILS FOR APPROVAL OF HIGHER AUTHORITIES. IN JUDGING THIS PLEASE REMEMBER THAT WE HERE HAVE NO BACK-UP FACILITIES SUCH AS WE HAD IN MANILA WITH CLARK OR EVEN MAKATI MEDICAL CENTER, OR PERHAPS THAT BANGKOK HAS STILL AT OUR BASES OUTSIDE BANGKOK. WE ARE A LONG WAY FROM ANY ADEQUATE MEDICAL FACILITY. KARACHI TODAY IS ONLY SLIGHTLY BETTER THAN ISLAMABAD. ALSO, IN EVENT OF EMERGENCY, WE DO NOT HAVE AN AIRCRAFT

CAPABLE OF TRANSPORTING A SERIOUSLY ILL PATIENT TO
BETTER MEDICAL FACILITIES. AND WHILE I'M AT IT,
NOT EVAN AN APO FOR ROUTINE IMPORTATION OF CONSUMABLES.

10. I WOULD HOPE AN INTERAGENCY MEETING, INCLUDING
MEDICAL OFFICIALS, COULD BE SET UP AT HOME TO CONSIDER
THIS MATTER. HAVING HAD SOME EXPERICNCE IN THIS
TYPE OF THING BEFORE, I AM CONSCIOUS OF SOME OF THE
BUREAUCRATIC AND ADMINISTRATIVE QUESTIONS THAT WILL
INEVITABLY ARISE. WHO IS IN CONTROL, WHAT LEGAL
COMPLICATIONS DOES IT RAISE, HOW MUCH RESPONSIBILITY
CAN BE DELEGATED TO OUR LOCAL STATE DEPARTMENT DOCTOR
TO MAKE THE TOUGH DECISIONS, DOES STATE NOW CONSIDER
THAT IT HAS THIS TYPE OF AUTHORITY, IF NOT, SHOULD
AID THEREFORE ACCEPT RESPONSIBILITY AND DELEGATE
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IT BACK TO STATE WHICH HAS ONGOING MEDICAL DIVISION
TO IMPLEMENT, ETC., ETC.? THE BASIC DECISIONS WOULD
HAVE TO BE MADE BACK HOME, BUT WE FEEL CERTAIN WE
COULD WORK OUT MANY OF THE DETAILS HERE IF GIVEN THE
CHANCE. AS I REMEMBER WE WORKED OUT A LOCAL SITUATION
IN RANGOON WHERE THE BRITISH PAID THE SALARY OF ONE OF
OUR NURSES - BUT IN THIS CASE WE WOULD TRY FOR CONSIDERABLY
GREATER CONTRIBUTION FROM OTHERS.

11. THE DEPARTMENT AND OTHERS BACK HOME MAY CONCLUDE,
HOWEVER, THAT THERE WOULD BE LESS COMPLICATIONS IN ACCEPTING
OUR RECOMMENDATIONS IF WE PROCEEDED IN ESTABLISHING SUCH
A FACILITY BY AND FOR OURSELVES, AND NOT COMPLICATE THE
PROBLEM BY AN EFFORT OF JOINT FINANCING WITH OTHERS. IF
SO, WE WOULD BE WILLING TO GO THIS ROUTE, BUT WOULD PREFER
NOT TO MOVE IN COMPLETE ISOLATION OF THE OTHERS IN VIEW
OF THE BACKGROUND OF JOINT DISCUSSIONS THAT HAVE BEEN
UNDER WAY AT THIS POST FOR SOME MONTHS. AN ALTERNATIVE,
OF COURSE, WOULD BE TO GO AHEAD OURSELVES AND THEN CHARGE
A REASONABLE DAILY RATE FOR PATIENTS THAT WERE A PART
OF THE OFFICIAL FAMILY OF THE OTHER THREE MISSIONS, AND
LET THEIR CONTRIBUTION BE IN THIS FORM. THIS MIGHT WELL
END UP IN A LESSOR OURSIDE CONTRIBUTION, WOULD COMPLICATE
OUR PROBLEM OF EXCLUSION OF OTHERS, BUT PERHAPS FURTHER
EASE ANY PROBLEMS WE MIGHT HAVE WITH THE GOP, AND OF
COURSE WOULD EASE CONTROL AND ADMINISTRATIES.
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